

Office of Statewide Health Planning and Development

Facilities Development Division

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www.oshpd.ca.gov/fdd

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Application for SB 1838 Project Building Permit

A	Name of Facility:		E-Mail:		OSHPD #
	Address - Street:		Phone:		Sub. #
			Fax:		FACILITY I.D. #
	City:	State:	Zip:		Type of Project: <input type="checkbox"/> Annual Permit ("G" Project, Submit Annual Building Permit Application) <input type="checkbox"/> "S" Project
	Scope of Project (45 characters max.)			Applicant's Job #	
	<input type="checkbox"/> SB 1953 Mitigation Construction Project (complete Section "J")				
	Total Beds Before Construction:		Total Beds After Construction:		
	Name of Facility Representative/Administrator:		(will receive copies of all correspondence)		Type of Facility <input type="checkbox"/> General Acute Care <input type="checkbox"/> Acute Psychiatric Hospital <input type="checkbox"/> Skilled Nursing Facility or Intermediate Care Facility
			E-mail:		
	Address - Street		Phone:		
		Fax #:			
City:	State:	Zip:			
Legal Owner:					
		E-mail:			
Address - Street		Phone:			
		Fax #:			
City:	State:	Zip:			
B	ESTIMATED CONSTRUCTION COST OR CONTRACT AMOUNT:				
	1. Estimated construction cost or contract amount of project (Including Fixed Equipment, <u>excluding</u> Imaging Equipment, Design Fees, Inspection Fees, and Off Site work) MUST NOT EXCEED \$50,000				\$ _____
	2. Estimated Imaging Equipment Cost (X-ray, MRI, CT Scan, etc.)				\$ _____
	FILING FEE will be based upon:				
	General Acute Care Hospitals and Acute Psychiatric Hospitals: Construction Cost (Line 1) X 1.64% + Estimated Imaging Equipment Cost (Line 2) X 10% X 1.64%, or \$250, whichever is greater				
	Skilled Nursing Facilities and Intermediate Care Facilities: Construction Cost (Line 1) X 1.5%, or \$250, whichever is greater.				
	ANNUAL PERMIT PROJECT FEES:				
	General Acute Care Hospitals and Acute Psychiatric Hospitals—\$500 fee for projects totaling no more than \$50,000 in one fiscal year.				
	Skilled Nursing Facilities and Intermediate Care Facilities— \$250 fee for projects totaling no more than \$25,000 in one fiscal year.				



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Name of Facility (from front page)		OSHPD #	
C	Plans and Specifications prepared by the following:		Check discipline in general responsible charge of project <input checked="" type="checkbox"/>
	Architect – Firm <input type="checkbox"/>		
	Individual Responsible:		Lic. #:
	E-mail:		Phone #:
	Address:		FAX #:
	City:	State:	Zip:
	Structural Engineer – Firm <input type="checkbox"/>		
	Individual Responsible:		Lic. #:
	E-mail:		Phone #:
	Address:		FAX #:
	City:	State:	Zip:
	Mechanical Engineer – Firm <input type="checkbox"/>		
	Individual Responsible:		Lic. #:
	E-mail:		Phone #:
	Address:		FAX #:
	City:	State:	Zip:
	Electrical Engineer – Firm <input type="checkbox"/>		
	Individual Responsible:		Lic. #:
	E-mail:		Phone #:
	Address:		FAX #:
	City:	State:	Zip:
	Civil Engineer – Firm <input type="checkbox"/>		
	Individual Responsible:		Lic. #:
	E-mail:		Phone #:
Address:		FAX #:	
City:	State:	Zip:	
Geotechnical Report – Firm <input type="checkbox"/>			
Individual Responsible:		Lic. #:	
E-mail:		Phone #:	
Address:		FAX #:	
City:	State:	Zip:	
Contractor – Firm <input type="checkbox"/>			
Individual Responsible:		Lic. #:	
E-mail:		Phone #:	
Address:		FAX #:	
City:	State:	Zip:	



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LICENSED CONTRACTOR DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor's Name: _____

License No. _____

Signature: _____

License Class: _____

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E WORKERS COMPENSATION DECLARATION: (Section 3800, Labor Code): I hereby affirm under penalty of perjury one of the following declarations:	
<input type="checkbox"/> I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	
<input type="checkbox"/> I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:	
Policy # _____ Company: _____	<input type="checkbox"/> Copy attached. Date of expiration: _____ <input type="checkbox"/> Electronically verified. Date of expiration: _____
<input type="checkbox"/> I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	
Applicant: _____ Date: _____	
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	
F OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5 Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he/she is licensed pursuant to the provisions of the Contractor's State License Law (Chapter 9 (Commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he/she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):	
<input type="checkbox"/> I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractor's State License Law does not apply to an owner of property who builds or improves thereon, and who does the work himself or herself or through his own employees, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.).	
<input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a contractor(s) licensed pursuant to the Contractor's State License Law.).	
<input type="checkbox"/> I am exempt under Section _____, Building and Professions Code for this reason: _____ Date: _____	
Signature (Legal Signature and Title): _____ Title: _____	
G CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).	
Lender's Name: _____ Lender's Address: _____ City: _____ State: _____ Zip: _____	
H SPECIAL CONDITIONS: (FOR OFFICE USE ONLY)	
I Application submitted by:	
Name: _____	
Firm: _____	Phone: _____
Address: _____	Fax: _____
City: _____	State: _____ Zip: _____
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the county to enter upon the above-mentioned property for inspection purposes.	
Signature: _____ Date: _____	
Title: _____ <input type="checkbox"/> Legal Owner/Administrator <input type="checkbox"/> Agent for Owner (Authorization must be Attached)	
For Office Use Only	
Permit issued this _____ day of _____	
By: _____ Regional Compliance Officer Office of Statewide Health Planning and Development	

Application for SB 1838 Project Building Permit

SB 1953- Mitigation Construction Projects

		OFFICE USE ONLY	
J	<p>Facility # _____</p> <p>Bldg. # _____ Bldg. Name _____</p> <p>Deficiencies Mitigated</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>SPC From _____ SPC To _____ SPC Partial/Full _____</p> <p>NPC From _____ NPC To _____ NPC Partial/Full _____</p>	<p>OSHPD #: _____</p> <p>_____</p> <p>Region: _____</p> <p>Field Review (FR) Staff: _____</p> <p>Plan Review (PR) Staff: _____</p> <p>_____</p> <p>Date: _____</p>	
	<p>Facility # _____</p> <p>Bldg. # _____ Bldg. Name _____</p> <p>Deficiencies Mitigated</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>SPC From _____ SPC To _____ SPC Partial/Full _____</p> <p>NPC From _____ NPC To _____ NPC Partial/Full _____</p>		
	<p>Facility # _____</p> <p>Bldg. # _____ Bldg. Name _____</p> <p>Deficiencies Mitigated</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>SPC From _____ SPC To _____ SPC Partial/Full _____</p> <p>NPC From _____ NPC To _____ NPC Partial/Full _____</p>		
	<p>Facility # _____</p> <p>Bldg. # _____ Bldg. Name _____</p> <p>Deficiencies Mitigated</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>SPC From _____ SPC To _____ SPC Partial/Full _____</p> <p>NPC From _____ NPC To _____ NPC Partial/Full _____</p>		

(Please, duplicate page "J" for more buildings.)

**INSTRUCTIONS FOR
APPLICATION FOR SB 1838 PROJECT BUILDING PERMIT
(OSH-FD-721)**

Do not write in areas designated "OFFICE USE ONLY."

Note: If licensure by the Department of Health Services is not required for your facility, review and building permit by OSHPD are not required.

- A Enter facility name as it appears on the facility license. Enter email address, facility street address, phone number, fax number, city, state, and zip code.

Scope of Project – Enter a brief (45 characters max) description of the work to be performed.

Applicant job number – If the facility or design professional has a numbering system for projects, enter that number.

SB 1953 – Check this box if the project relates to SB 1953 mitigation, and complete Section "J".

Enter total bed count before construction and after construction.

OSHPD # – If the project is submitted under an annual permit and an application for annual permit has been submitted previously, enter the OSHPD "G" project number. Otherwise leave blank.

Sub # - For Office use. Leave blank.

Facility ID # – Provide facility ID number, if known.

Type of Project – Check which box applies. If this project is intended to be a sub project of an existing annual permit, check "Annual Permit." Otherwise, check "S Project."

Facility Representative - Enter the name of the facility representative, email address, phone number, fax number, street address, city, state and zip code. Copies of all correspondence will be sent to the facility representative. If no facility representative address is entered, copies of all correspondence will be sent to the facility address as indicated on the license to the attention of facility administrator.

Type of Facility – Indicate the type of facility as licensed.

Legal Owner – Enter the name of the legal owner, email address, phone number, fax number, street address, city, state, and zip code.

- B Estimated Construction Cost/Contract Amount – Enter estimated construction cost or contract amount of project, including Fixed Equipment but excluding all imaging equipment cost, design fees, inspection fees and off-site work. THIS AMOUNT MUST NOT EXCEED \$50,000.

Estimated cost of imaging equipment (X-ray, MRI, CT Scans, etc.) – Enter the estimated cost of imaging equipment.

- C Provide information for the design professionals involved in the project. Check the box for the design professional in general responsible charge of the project. If plans need to be returned, they will be sent to this individual. For each design professional, provide the name of the individual in responsible charge of the project, e-mail address, license number, firm, street address, city, state, zip code, phone and fax number.

**INSTRUCTIONS FOR
APPLICATION FOR SB 1838 PROJECT BUILDING PERMIT
(OSH-FD-721)
[Continued]**

- D Licensed Contractor Declaration – Provide license class, license number, printed name, signature and date as an affirmation that you are a licensed contractor and that your license is in full force and effect.
- E Workers Compensation Declaration – If you have workers compensation insurance, provide policy number, date of expiration and company in the spaces provided. You may either attach an original copy of your certificate of workers compensation insurance or the Office may verify by electronic means. A certificate of insurance is required for each building permit application. If you have a certificate of consent to self-insure, you must attach a copy.
- F Owner-Builder Declaration – Section F applies only to owner/builder projects. If the owner of the facility or the employees are to perform the work, check the appropriate box in Section F and sign and date this section.
- G Construction Lending Agency – Section G is to be completed when there is a construction-lending agency for the performance of the work. Provide the lender's name and complete address.
- H Special Conditions – This section will be filled out by the OSHPD Regional Compliance Officer, as needed.
- I Application Submitted By - Enter the name of the individual submitting the application, phone number, fax number, city, state and zip code. Check the correct box to indicate whether this person is the Legal Owner or Agent for Owner. Legal owner or agent must sign and date the form, certifying compliance with the listed criteria. If signed by legal agent, attach authorization to the application.
- J This section is only to be completed for SB 1953 Mitigation Construction Projects.

Provide the following information for each building in this SB 1953 Mitigation Construction Project:

- Facility number, Building number and Building name.
- Deficiencies mitigated by this project.
- SPC before and after construction; Partial or full Compliance.
- NPC before and after construction; Partial or full Compliance.

Full compliance should only be chosen if this SB 1953 Mitigation Construction Project meets all requirements for SPC/NPC compliance for the listed Building as designated in the Compliance Plan.

NOTE: This permit expires if the work authorized is not commenced within one year after the date on this permit, or if work is suspended for one year after construction has begun.